

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000052225

**Entity Name:** ITALPOR II LLC

**Current Principal Place of Business:**

645 EXECUTIVE CENTER DR  
UNIT R202  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

7401 PALOMINO DRIVE  
APT 117  
HOLLYWOOD, FL 33024 US

**FEI Number:** 86-2050644

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WALTER WAINSTEIN, PA  
7401 PALOMINO DR  
APT 117  
HOLLYWOOD, FL 33024 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name WAINSTEIN, WALTER E  
Address 7401 PALOMINO DRIVE, APT 117  
City-State-Zip: HOLLYWOOD FL 33024

Title AMBR  
Name REPETTO, NANCY B  
Address 645 EXECUTIVE CENTER DR  
UNIT R202  
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR  
Name RIBEIRO, CARLOS A  
Address 645 EXECUTIVE CENTER DR  
UNIT R202  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WALTER WAINSTEIN

**MGR**

**04/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date